

# FALL MYSTERY TRIP



Join us as on **Saturday, September 22, 2012** as we travel on our **Fall Mystery Trip**.  
Are you ready? Today we will travel someplace we have never been.  
Will it be North, South, East or West? Come with us and this will be a  
fun time for everyone. Lunch is included.

- Price Per Person:** \$69.00 per person. Seats on the bus are assigned in order that payment is received.
- Price Includes:** Roundtrip motorcoach transportation, an all inclusive lunch, admission to all attractions and a tour host.
- Date:** Saturday, September 22, 2012
- Departure:** The bus will depart at 7:45am from the Food Lion in Rocky Mount. Return time is approximately 8:00pm.
- Cancellation Policy:** The trip is based on a minimum amount of paid participants by September 5, 2012. If we should cancel the trip a full refund will be given. If you cancel prior to September 5, 2012 a refund less \$20 will be issued. After September 5, 2012 there will be no refunds.
- RESERVATIONS:** Send the completed registration form below along with a check for \$69.00 per person made payable to **Roanoke Tours, Inc.** to Franklin County Parks & Recreation at 2150 Sontag Road Rocky Mount, VA 24151.

For further information call Ernie Dale at 540-366-2888 or [erniedale@aol.com](mailto:erniedale@aol.com)

**Franklin County Parks and Recreation Registration  
and Liability Waiver Form – 2012 Fall Mystery Trip**

Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Reservations: \_\_\_\_\_ x \$69.00 = \$\_\_\_\_\_ (amount enclosed)

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation.**

**Signature of Parent / Guardian** \_\_\_\_\_  
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

\_\_\_\_\_  
\_\_\_\_\_

Current medications that participant is taking now:

\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_